



**Malimbika (Near by Malimbika Catholic Church),
Somangila- Kigamboni, Dar es Salaam
+255 784 445910/ 749 855855**

ADMISSION FORM

STUDENTS' INFORMATION

Surname:
Other Names: Tribe:
Sex: Male/ Female Date of Birth:/...../.....

photo

CLASS APPLIED FOR:

PRE SCHOOL: Baby Class ☐ Middle Class ☐ Top Class ☐
PRIMARY SCHOOL: STD ONE ☐ STD TWO ☐ STD THREE ☐
STD FOUR ☐

FAMILY INFORMATION

Parental situation: Both parents are all there ☐ Both parents are all died ☐
Only mother is dead ☐ Only father is dead ☐

Present physical address: Street: Ward: District:

Father's/ Guardian's Name(s): (three names)

Occupation: Email address:

Tel No: (1) Tel No.(2)

Mother's/ Guardian's Name(s): (three names)

Occupation: Email address:

Tel No: (1) Tel No.(2)

Email address:

Student Health Insurance

The student has a valid Health Insurance card? YES ☐ Mention a health insurance scheme
(NHIF, Strategy, Jubilee etc)

NO ☐

EMERGENCY CONTACT (In case of emergency including health issues)

In hereby authorize the staff member of Penuel Elite School to administer first aid to my child when appropriate. I understand that every effort will be made to contact me in case.

Signature of parent/ guardian: Date:/...../.....

I understand that in case I won't use the school Van to pick my child from school, I will authorize any person to pick my child by giving him/her a "Student Pick Up Card" provided by the school.

ALLERGIES/ SENSITIVITIES

Does your child have any kind of allergy? Yes ☐ No ☐

If Yes, Which one?

How can the school help in case of allergies together with contacting you?
.....

NOTE: PLEASE REMEMBER TO ATTACH:

1. copy of birth certificate of a child.
2. copy of NIDA (one parent)